

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1								
2								
3								
4		2						
5		1						
6		1						
7		2						
8		2						
9		2						
10		2						
11		2						
12		1						
13		1						
14		1						
15		1						
16	1							
17		1						
18		1						
19		1						
20		1						
21		1						
22		1						
23		1						
24		1						
25		1						
26		1						
27		1						
28		1						
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31		1						
32		1						
33		1						
34		1						
35		1						
36		1						
37		1						
38		1						
39		1						
40		1						
41		1						
42		1						
43		1						
44		1						
45		1						
46		1						
47		1						
48		1						
49		1						
50		1						
TOTAL IND.	2							
TOTAL DEP.			2		2			
TOTAL CLAIMS			2	2	2	2	2	2